U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only			
READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT.		
E			
1. File Number U -	2. Fiscal Year Covered From:		
	1 / 1 / 2004 Through: 12 / 31 / 2604		
3. Name and address of person filing.	Name, file number, and address of labor organization.		
Name Charles E With	Name Iron Workers Local Union No. 512		
	Labor Organization File Number		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street	Street		
City	City		
State ZIP Code + 4	State ZIP Code + 4		
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of			
monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name Harmon, Inc.	Lunch provided in connection with		
Trade Name, if any:	Lunch provided in connection with multi-croft work assignment policy met g discussion w/ Tom pichmon, Kurt messerlig par Ma Caulay on 6/16/04		
P.O. Box, Bldg., Room No., if any	7.b. Amount.		
Street 1620 Broadway St. NE			
City Minneapolis	# 15		
State MN ZIP Code + 4 554/3-364/			
Signature			
15. Signature and verification. The undersigned declares, under penalty o submitted in this report (including the information contained in any accompar undersigned's knowledge and belief, true, correct, and complete. (See the s	lying documents), has been examined by the signatory and is, to the best of the		
Signed	On 7/6/05 051/489-1488 Date Telephone Number		

Name of Person Filing CNAYIES E. WIH		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Twin lity Iron Workers Appr. & Trng. Fund			
Trade Name, if any:	a. Labor Organization	on	
P.O. Box, Bldg., Room No., if any	b. Trust		
Street 3001 Metro Arive	c. Employer		
City Bloomington,			
State MN ZIP Code + 4 55435 - 1412			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing	g.	
Name	Provides Appr	rentice Training & Upgrading Services	
Trade Name, if any:	Vourney man	upgrading serrices	
· · · · · · · · · · · · · · · · · · ·			
P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar value	of such dealing. #300,000	
City	12.a. Nature of interest held	or income received.	
State ZIP Code + 4	with attendand regional Toin Mtp. on 1/2 8/12/04, 9/29/0	provided in connection ce at the local and T Appr. Comm. Trustee 8/04, 4/7/04, 4/15/04, 04 \$ 10/6/04	
	12.b. Amount.	# 50	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.	,	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name	***************************************		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any	- Albertal and Community of Com		
Street	***************************************		
City	AAAAAAA.T		
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

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Name of Person Filing Charles E. With	File Number U -
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	vise dealing with the business /ely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Twin City From Workers Appr. & Trong. Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 500 Street 3001 Metro Arive City Bloomington State MN ZIP Code + 4 55435-1412	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. Provides Apprentice Training of Tourneyman Upgraving Services
Street City	11.b. Approximate dollar value of such dealing. #310,000 12.a. Nature of interest held or income received.
State ZIP Code + 4	Reception of Dinner provided in connection with attendance at Apprentice Graduation letemanies on 4/30/04 of 10/29/04, with daughter also attending.

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Part B. contid.

Name of Person Filing Charles E. With	File Number U-
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or inc dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business /ely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Tain Bity Iron Northers Fringe Benehit Funds Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 500 Street 3001 Metro Arive City Blooming form State MN ZIP Code + 4 55425-1413	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. Acts as ERISA Trust Funds for participants
Street City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. Box Lunches provided in connection with adendance at Twin lity Tron Workers Fringe Benefit Funds Tronstee prog. on 3/10/04, 5/12/04, 7/20/04, 8/25/04 \$ 11/20/04
	12.b. Amount. #50

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Part B. contid.

Name of Person Filing Charles E. With		File Number U -	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name U.S. Bancorp Asset Management Trade Name, if any: P.O. Box, Bldg., Room No., if any U.S. Bancorp Chr., Bc-mN-HOSC Street 800 Nicollat Mall City Minneapulis State MN ZIP Code + 4 55402	9. Business deals with: a. Labor Organiza b. Trust c. Employer	tion	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Twin City Iren Workers Fringe Bunehit Funds Trade Name, if any: P.O. Box, Bldg., Room No., if any Saite 500	11.a. Nature of such deali Provides In Managemeni		Port Filis
Street 3001 Metro Arive City Bloomington State MN ZIP Code + 455425-1412	11.b. Approximate dollar value 12.a. Nature of interest held Lunch in of Trust Fi Part fulios	d or income received.	unknown with review ment

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Part B. contid.

Name of Person Filing Charles E. With		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name Long Fellow Investment Management Co. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 295 Levonshire Street City Bostrn, State MA ZIP Code + 4 02110 - 1266	9. Business deals with: a. Labor Organiza b. Trust c. Employer	tion	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Thin lity Iron Workers Fringe Bench't Funds Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 500 Street 3001 Metro Arive City Blooming ton State MN ZIP Code + 4 55435-14/2	11.b. Approximate dollar valu	est ment Port Folio Services de of such dealing. United or income received	
	port folios. 12.b. Amount.	Fund's investr	,

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Port B. contid.

Name of Person Filing Charles E. Witt		File Number U -	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name The Segal Company Trade Name, if any: P.O. Box, Bldg., Room No., if any Saite 750 Street 6300 So. Syracuse Way City Englewood State Co ZIP Code +4 80111-7302	9. Business deals with: a. Labor Organiza b. Trust c. Employer	tion	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Iron Wavkers Local 793 Trust Funds Trade Name, if any: P.O. Box, Bldg., Room No., if any P.O. Box 16200	11.a. Nature of such dealing Provides ac	ng. Knarial services to Trust Fands	
Street City Phoenix State AZ ZIP Code + 4 8.501/- 6200		d or income received. N in altern dance with at Iran workers Local Funds Tracter Mtg. in Bismarch, NA	
	12.b. Amount.	A25	

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Part B. cont'd.

Name of Person Filing Charles E. Witt		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name US Bancorp Asset Management Trade Name, if any: P.O. Box, Bldg., Room No., if any US Bancorp Etr., BC-MN-HOSE Street 800 Nicollet Mall City Minneapolis State MN ZIP Code +4 55402	9. Business deals with: a. Labor Organiza b. Trust c. Employer	ition	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Tran Workers Local 793 Transt Funds Trade Name, if any: P.O. Box, Bldg., Room No., if any P.O. Box 16200	11.a. Nature of such dealing Provides in manage men applicable	ng. Vestment portfolio ut services for Trust Funds	
Street City Phoenix State A Z ZIP Code + 4 85011-6300	11.b. Approximate dollar value 12.a. Nature of interest hele Meal provide a Hendance of 793 Trust From 7/16/64		
	12.b. Amount.	# 39	

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P. 2-Port B. cont'd.

Name of Person Filing Charles E. With	File Number U -		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name Tran Namers Local 793 Trast Funds Trade Name, if any: P.O. Box, Bldg., Room No., if any P.D. Box 16300 Street City Phornix State AZ ZIP Code + 4 \$501-6300	9. Business deals with: a. Labor Organization b. Trust c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name	Acts os ERISA Trust Funds for participants		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	11 h Approximate della color of color of color della color of c		
City	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.		
State ZIP Code + 4	Box Lunch provided in connection with actendance at Irm Workers Local 793 Trust Funds Trustle Mtg. on 10/23/04 in Bloomington, now		
	12.b. Amount. \$10		

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Port B. contid.

Name of Person Filing Charles E. Witt		File Number U -	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organiza b. Trust c. Employer	tion	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing and the such dealing a	e of such dealing.	
C. Received from any employer (other than an employer covered unde	12.b. Amount.	-	
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Great Lakes Fabrica fus & Frectors Ass'n. Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 1101 Street 1001 Woodward City Detroit State MI ZIP Code + 4 48326	or other thing of value. 14.a. Nature of payment. Cocktail Re	ception in connection Workers Joint Council Mtg. ire, MI on 7/7/04	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	#25	
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Part C.